#### Saratoga County Department of Employment and Training 152 West High Street Ballston Spa, NY 12020

### - Summer Jobs 2010-

## Saratoga County Summer Youth Employment Program

#### The Summer Youth Employment Program:

- ➤ Saratoga County residents 14-24 years old
- ➤ Summer jobs from June 28 to August 20<sup>th</sup> \*\*May end sooner\*\*
- Earn \$7.25 per hour
- ➤ Work up to 25 hours a week
- ➤ Jobs available may include animal care, camp counselor, groundskeeper, library page, office assistant, laborer, cleaner, more!

If your family received any of the following in the last year, you *may* qualify:

#### Food Stamps - Cash Public Assistance - HEAP - Medicaid Free or Reduced Lunch

Please return the attached application to the above address.

- Those selected will be contacted in May to continue the application process
- Under18? Apply for your working papers from your school's guidance office now

Note that funding for the 2010 Summer Youth Employment Program is contingent upon both state and federal legislative action and, given that uncertainty, it is not clear what size program might be supported. We are accepting applications and hope to have a better idea as things develop.

Questions? Please call us at 884-4147

# Application Priority Date is May 7, 2010 Apply Today!

(Keep this page for your records.)

### YOUTH PROGRAM APPLICATION

Name	Social Security Number					
Address						
	(Street)		(C	ity)	(Zip Code)	
Town		Phone		Email	· · · · · · · · · · · · · · · · · · ·	
(If yo	u do not have a phone numbe	er, please put	down a number	where you can rec	eive a message.)	
	If you registered?			older, you must hav	ve registered with	
	ly Income <b>before taxes</b> for the		-	* *		
(Income rec	Lerved by an ranning members	s, meiuumg v	venare, Onemp	loyment benefits,	Ciliu Support.)	
	six months has your family ceived child support? Yes		_ How much i	in the last 6 month	s? \$	
- pa	aid child support? Yes	No	How much in	the last 6 months?	\$	
- rec	ceived unemployment benefi	ts? Yes N	lo How mu	uch in the last 6 m	onths? \$	
- rec	ceived Food Stamps anytime	e during the <b>la</b>	st six months?	Yes No_		
- rec	ceived Free or Reduced Scho	ool Lunch? Yo	es No_			
Total numb	per living at home?		Are you in Foster	r Care?	-	
Do you rec	eive: Public Assistance?	Medica	aid? F	HEAP?S	SSI?	
•	ve any physical, emotional or Yes No	learning disa	bilities, or do yo	ou attend "Special	Education	
Have you e	ver been enrolled in an Empl	loyment and T	Γraining Summe	r Program?	When?	
·						
<u>EDUCA</u>	TION RECORD					
	School Name		Highest Grade Completed	Grade You Are In Right Now	Major	
Jr. High			F	6		
School						
High School						
BOCES/ Tech						
School						

#### **EMPLOYMENT RECORD** (Include all jobs you have had and list the most recent first.)

From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
SKILLS				
Can you type	?? Yes No If yes, ho	w many words per	minute?	
Please list all	the computer software with which	you are experience	ed.	
	y special skills or certificates of training things)			
Have you pas	ssed a CPR and/or First Aide Cours	e? Yes No		
How will you	get to the worksite?			
	ose the kind of work I would most li			oe:
PARAGRAP Please explai experience.	PH: n why you want to be enrolled in th	is program , and w	hat you hope to acco	mplish through this
COMMUNI	TY INVOLVEMENT			
Please list an school activit	y community organizations that you ties:	ı belong to such as	scouts, school clubs,	civic organizations and

Working papers are issued by your local school dis	strict guidance office.
If you are between 14 and 16 years old you must h If you are between 16 and 18 years old you must h	* *
What is your current age? I am years old	L.
Do you have a valid Employment Certificate? Yes	s No
CERTIFICATION	
I certify that the information on this application is	correct to the best of my knowledge.
Applicant's Signature	Date
(WIA) and/or Temporary Assistance for Needy Fa documentation for eligibility determination. I gra Employment and Training to release and obtain into other pertinent information of a social or economic agencies. This information will be used to determine provided.	formation regarding physical and/or mental disabilities and c nature from my child's school and other appropriate ine program eligibility and appropriate services to be
I understand that all information will be treated as	confidential and privileged.
Parent / Guardian Signature & Date (Required if applicant is under age 18)	Applicant Signature & Date (Required if applicant is aged 18 and over)
Where did you obtain this application?	

**WORKING PAPERS (Student General Employment Certificate)** 

#### PLEASE RETURN THIS APPLICATION TO:

Saratoga County Department of Employment and Training 152 West High Street Ballston Spa, NY 12020

**Questions? CALL 884-4147** 

Application Priority Date is May 7, 2010 \*\*\*\*\*Apply Today!\*\*\*\*

Saratoga County is an Equal Opportunity /Affirmative Action Employer Auxiliary aids and services are available